

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010820

**Entity Name:** HEALIX HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

3990 SHERIDAN STREET  
SUITE 207  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3389 SHERIDAN STREET  
#408  
HOLLYWOOD, FL 33021 US

**FEI Number:** 82-3409218

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BERNSTEIN, SARA M.D.	Name	SPIER, NIGEL A M.D.
Address	10131 FOREST HILL BLVD SUITE 130	Address	3990 SHERIDAN STREET SUITE 207
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIGEL SPIER

**MGR**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date